Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known						
FEE TRANSMITTAL For FY 2009				Application Number 10/551,2			51			
				Filing Date	3/26/2004	3/26/2004				
For		First Named In	Ananya Mukhopadhyay							
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nam	Sunray C	Sunray Chang				
13ppnount outins single outily status. See 37 OPR 1.27				Art Unit 2121						
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket 4544 - 05			52909			
METHOD OF PAYME	NT (check all	that apply)								
Check Cred	it Card	Money Order	None	Other (1	please ide	ntify):				
Deposit Account	Deposit Account	Number:	23-0650	Deposit	t Account	Name:				
For the above-	identified depo	sit account, the Di	rector is h	ereby authorize	d to: (ch	neck all that a	apply)			
Charge	fee(s) indicated	below		Ch	arge fee	(s) indicated	below, ex	xcept for the	filing fee	
Charge	any additional fo	ee(s) or underpaym	ents of fee	(s) 7 Cr	edit anv	overpayment	•	_	_	
	7 CFR 1.16 and				_					
WARNING: Information on (information and authorization		ome public. Credit ca	rd informati	on should not be in	icluded or	i this form. Pro	ovide cred	it card		
FEE CALCULATION (All the fees be	low are due upor	filing or	may be subject	t to a su	rcharge.)				
1. BASIC FILING, SE	· · · · · · · · · · · · · · · · · · ·		_			8/				
	ARCH FE	EES EXA	EXAMINATION FEES							
		l Entity	Small I		_	mall Entity				
Application Type		<u>se (\$) </u>			<u>(\$)</u>	Fee (\$)		Fees P	<u>aid (\$)</u>	
Utility	330	82 540) 27	0 2:	20	110				
Design	220	110 100) 50) 14	40	70				
Plant	220	110 330) 16	5 1	70	85				
Reissue	330	165 540	27	0 6	50	325				
Provisional	220	110 0	0) (0	0				
2. EXCESS CLAIM F.			_						Small Entity	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 52								52	26	
Each independent claim						220	110			
Multiple dependent clair	ms							390	195	
Total Claims - 20	or HP	Extra Claims	Fee (\$)	Fee Pa	<u>id (\$)</u>			Multiple De	ependent Clai	
	20 =	<u> </u>		_ =0				Fee (\$)	Fee Paid	
HP = highest number of to	otal claims paid for	, if greater than 20.								
Indep. Claims - 3	or HP 1	Extra Claims	Fee (\$)	Fee Pa	rid (\$)		-			
2 -	3 =	x		= 0						
HP = highest number of in		paid for, if greater th	an 3.							
3. APPLICATION SIZE If the specification		vocad 100 sheets	of noner (c	woluding alaatr	onionlly	filed segmen	000 00 00	mouter listin	as under	
		on size fee due is								
See 35 U.S.C. 4	11(a)(1)(G) and	37 CFR 1.16(s).	`	·	•					
Total Sheets	Extra Sheet	<u>Num</u>	<u>ber of eac</u>	h additional 50	or frac	ction thereo	<u> </u>	<u>ee (\$)</u>	Fee Paid (S	
- 100 =	= <u></u>	/ 50 =		(round up to a w	hole nur	nber)	ĸ	=		
4. OTHER FEE(S)									Fees Paid (
Non-English Spec		130 fee (no small	-	•						
Other (e.g., late fi	ling surcharge):	One-month Petit	ion for Ex	tension of Time)				\$130.00	
SUBMITTED BY										
Signature	1/1/1/	1/1/	do	Registration (Attorney/		22,132	Telep	hone 4	12-471-881:	
Nama (Print/Tyma)	me (Print/Type) William H. Logsdon							Date August 9, 2011		
Tame (Time Type) William II. Dogodyn										